Please print or type with ELITE type (12 characters per Inch) in the unshaded areas only GSA No. 0248-EPA Bare Heggived Neithicathon of (For Official Use Only) area William Area (Missis) M MANAGEMENT BRANCH esticides & Toxics Division EPA - REGION 5 Called States experience to present is installation a EPA ID Number (Mark/x in the appropriate 56%) and replike transfer Besiderenter (Glider) ADDRESS (complete item C U. Name of Installation (include company and specificalite hame) III. Location of installation (Physical address not P:0:Box of Route Number) ig. 1. City or Town ZIP Code **County Code** County Name IV: Installation Mailing Address (See Instructions) Street or P.O. Box City or Town State ZIP Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) (first) \mathcal{O} \circ Job Title Phone: Number (area code and number) VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing B. Street or P.O. Box City or Town State ZIP Code VII. Ownership (See Instructions) A. Name of Installation's Legal Owner. Street, P.O. Box, or Route Number City or Town State ZIP Code B. Land Type

C. Owner Type

Phone Number (area code and number)

D. Change of Dwner

Indicator

No

(Date: Changed)

Month

/III: Type of Regulated Waste Activity (prale cores Rafe	processing and proces		
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a (Greate trans/I/OKG/mo (2210 fb. V ls 100 fs 1000 kg/me (220 - 2200 fb.		a) Kontra se <mark>nnika se</mark> přetyk se a anteriori	a_G	o profice that Course Course Startage (May Course Course	960 MW
Collect ther (0) kg/ma (220 kg/)?	a. Geran	: XV(CCCGGCE) om #1 (nummagae): (sig	#	mer Aktigue Merceletik ala dayon	B)
2. Transporter (Indicate Mode in boxes 1		Musiatare arrover (polostra), Form	· · · · · · · · · · · · · · · · · · ·	pe A Combuston Dev 45 Chiffy Soller	C 48
ib Torrogramma purposes Mode of Transportation		Smelter Deferral Small Duantity Examp		2. SPOUNTE Boller 3. Industrial Furnace	
AF	Indioa Gentos	le Type of Computition 9(6)		offication (filed Off Fuer)	Marke
2. Highway		Utility Boller Industrial Boiler	(or C	In-site Burner) Who Fin he the Olf Meets the diffication	st
5. Other apacity		Industrial Furnace and Injection Control			
<u> </u>					
IX Description of Regulated Wastes (L A. Characteristics of Nonlisted Hazardous	Wastes. Mark 'X' in the	boxes corresponding	to the characteristics	of nonlisted hazardous	
1 Ignitable 2 Corrosive 3 Reactive C	Toxicity Characteristic	200			
	(3000) (1st spacific	EPA hazarious waste numbe	or(a) for the Toxicity overacti	estic contaminant(s)}	
B. Usted Hazardous Wastes, (See 40 CFR	261.31 - 33. See Instruc	ctions if you need to lis	t more than 12 waste	codes.)	
1 38 2	3	4	5	6	<u> </u>
	<u> </u>	10	11	12	1
		***************************************			Ţ
C. Other Wastes, (State or other wastes req	quiring a handler to have	an I.D. number. See i	nstructions.)		
1 2	73	4	5	6	7
- Certification					
l certify under penalty of law that this o accordance with a system designed submitted. Based on my inquiry of the p	to assure that qualli	lled personnel pro	perly gather and	evaluate the inform	iatio
gathering the information, the inform complete. I am aware that there are sign	nation submitted is, t	o the best of my l	knowledge and b	ellef, true, accurate	, an
imprisonment for knowing violations.		Title (type or print)		Signed	*****
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KI. Comments					
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10/22/96

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 the Resource Conservation



Notification of Regulated Waste Activity

nd Recovery Act). United States Envir	onmental Protection Agency	J. S. EPA. RECIONA
L Installation's EPA ID Number (Mark 'X' in the appropriate box)		
A. First Notification B. Subsequent Notification (Complete Item C)	C. installation	0020545
II. Name of Installation (Include company and specific site name)		
SICIPIAL CORPIDIT A	MERICH	
III. Location of Installation (Physical address not P.O. Box or Rot	ute Number)	
Street	Commence of the Commence of th	<u>E</u>
12901 STOWEY IS	LAND	
Street (Continued)		APAC A 1905
City or Town	State Zip Co	de
CALCAGO III	7C60	633-111
County Code County Name		
03111004		
IV. Installation Mailing Address (See Instructions)		
Street or P.O. Box	L	
SAME		APR 1 81996
City or Town	State Zip of	WEFICE OF RCRA
		EPA, REGION V
V. Installation Contact (Person to be contacted regarding waste	activities at site)	
Name (Last)	(First)	
KAMIEWSKI	[7]	
Job Title	Phone Number (Area Code)	and Number) 1773
MANAGER	31/21-6146	1-2222
VI. Installation Contact Address (See Instructions)		
A. Contract Address Location Mailing Other B. Street or P.O. Box		
City or Town	State Zp C	ode
VII. Ownership (See Instructions)		
A. Name of installation's Legal Owner		
SAME		
Street, P.O. Box, of Route Number	i i	
City or Town	State Zip Co	ode
Phone Number (Area Code and Number) B. Land Ty	pe C. Owner Type D. Change of Indica	of Owner (Date Changed) tor Month Day Year
	Yes	No «

	ID - For Official Use Only
VIII. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes; Refer to Instructions)
*** A. Hazardou	s Waste Activity B. Used Oil Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs) b. 100 to 1000 kg/mo (200-2,200 lbs) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	required for this activity; see Instructions. Oil to Off-Specification Burner
X. Description of Hazardous Wastes	Annual code in the Company property of the Company
	rdous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of lation handles; See 40 CFR Parts 261.20 - 261.24)
Ignitable 2. Corrosiva 3. Reactive (D001) (D002) (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)
3. Listed Hazardous Wastes. (Şee 40	CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)
1 2 7 8	3 4 5 6 9 10 11 12 12
C. Other Wastes. (State or other wastes	requiring a handler to have an I.D. number; See instructions.)
2	3 4 5 6
X. Certification	
system designed to assure that qualified pe or persons who manage the system, or tho	ment and all attachments were prepared under my direction or supervision in accordance with a rsonnel properly gather and evaluate the information submitted. Based on my inquiry of the person se persons directly responsible for gathering the information, the information submitted is, to the rate, and complete. I am aware that there are significant penaities for submitting false information sonment for knowing violations.
Signature	Name and Official Title (Type or print) Date Signed
Thanwoki	IT KANIEWSKI 32796
VI 0	
XI. Comments	
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Please refer to the <i>Institu</i>	
for Filing Notification (oefore
completing this form.	The
information requested h	ere is
required by law (Section	3010
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Notification of General Regulated Wasternsky M MANAGEMENT BRANCH Activity Notification of General Region 5 Activity Notification of General Region 5 PA - REGION 5

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	in the appropriate boxes. Refer to in	
A. Hazardous Waste Ar	cilvity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Bail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposet (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers b. Boller and/or Industrial Furnace 1. Smelter Defenal 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace 5. Underground Injection Control	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burni b. Other Marketer o. Burner - Indicate device(s) - Type of Combustion Device 1: Utility Boller 2: Industrial Boller 3: Industrial Furnace 2: Specification Used Oil Fuel Mark (or On-site Burner) Who First Claims the Oil Meets the Specification
X. Description of Regulated Wastes (Use addit	lional sheets if necessary)	
Characteristics of Nonlisted Hazardous Wastes. wastes your installation handles. (See 40 CFR Parts	Mark 'X' in the boxes corresponding to the	characteristics of nonlisted hazardous
Ignitable 2 Corrosive 3 Reactive Characterist (D001) (D002) (D003) (D000)	flo (List specific EPA hazardous wasse number(s) for th	
1 2 2 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	33. See instructions if you need to list more 3 4 9 10	### ### ### ### ### #### #### ########
C. Other Wastes, (State or other wastes requiring a ha	3 4	5 6
Certification		
certify under penalty of law that this document accordance with a system designed to assure the ubmitted. Based on my inquiry of the person or lathering the information, the information suitable. I am aware that there are significant proprisonment for knowing violations. Grature Cocyan TERE	e that qualified personnel properly repersons who manage the system, or builted is, to the best of my knowled enalties for submitting false information and Official Title (type or print)	gather and evaluate the information those persons directly respons bie for edge and belief, true, accurate, and on, including the possibility of fine an